

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003401

1. Entity Name

THE CENTER FOR MULTICULTURAL WELLNESS AND PREVEN

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90162 005 \*\*\*\*70.00

Principal Place of Business <b>2053 EASTBROOK BOULEVARD WINTER PARK FL 32792</b>	Mailing Address <b>2053 EASTBROOK BOULEVARD WINTER PARK FL 32792-2045</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #; etc.		Suite, Apt. #; etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3368679</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WILLIAMS, LARRY K**  
~~924 H LAKE DESTINY ROAD~~ **3916 Rose Petal Lane**  
~~ALTAMONTE SPRINGS FL 32714~~ **Orlando FL 32808**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Larry K Williams DATE 4-27-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SMITH, MARGARET</b>
STREET ADDRESS	<b>6524 CANTERLEA DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>INGS, SAMUEL B</b>
STREET ADDRESS	<b>100 SOUTH HUGHEY</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SOLOMON, MARK</b>
STREET ADDRESS	<b>2053 EAST BROOK BLVD</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FRANCOIS, MARIE J</b>
STREET ADDRESS	<b>2053 EASTBROOK BLVD.</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HUTSKO, DON</b>
STREET ADDRESS	<b>20250 MAXIM PARKWAY</b>
CITY-ST-ZIP	<b>ORLANDO FL 32833-3831</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>Larry K Williams</b>
STREET ADDRESS	<b>3916 Rose Petal Lane</b>
CITY-ST-ZIP	<b>Orlando FL 32808</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE J. FRANCOIS, CHAIR 4/27/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)